



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
<http://tennessee.gov/health>

Administration of Local Anesthesia Certification Application

This application must be completed and submitted to the Board's Administrative Office. The school must send proof of course completion directly to the Board's office. Do NOT complete this form prior to taking the course. Applicants who have completed an administration of local anesthesia course in another state must have the course submit the curriculum, including the number of hours and injections required in the course, and a letter attesting that the course was taught to clinical competency.

Name: _____
Last First Middle Maiden

Mailing Address: _____

City State Zip

Is this an address change? Yes _____ No _____ License Number: _____

Social Security Number: _____

Home Telephone Number: () Work Telephone Number: ()

Name of School or Course Provider: _____ This course was:

- ☐ Part of ADA accredited dental hygiene program ☐ A Tennessee Board approved certification course
☐ An out of state course (The curriculum, including the number of hours and injections required in the course and a letter attesting that the course was taught to clinical competency must be submitted from the course provider. If an externship was required, verification of completion of the externship must also be received.)

Dates of Course: _____ If the course was TN Board approved, an externship must be completed.

Name and License Number of Supervising Dentist(s) for 90 day externship: _____

Signature of Applicant

Date

Applicants for Administration of Local Anesthesia may not perform Administration of Local Anesthesia until notification by the Board that this certification has been added to their license or the 90 day temporary permit has been issued and received by the dental hygienist.